

Ref. No.
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JH		01/10/01
O.I.P.E. CLASSIFIER		59	9/26/01
FORMALITY REVIEW	AP	1122	8/26/01
RESPONSE FORMALITY REVIEW	AM	97	DA-04-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	9/30/01
Original	9/30/01
1	✓✓
2	✓✓
3	✓✓
4	✓✓
5	✓O
6	✓O
7	NN
8	✓✓
9	✓✓
10	✓✓
11	NN
12	✓✓
13	✓✓
14	✓
15	NN
16	NN
17	N
18	N
19	N
20	✓
21	NN
22	✓
23	✓✓
24	✓✓
25	✓✓
26	✓✓
27	✓✓
28	✓✓
29	NN
30	✓✓
31	✓✓
32	✓✓
33	NN
34	✓✓
35	✓✓
36	NN
37	NN
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41	
42	✓✓
43	✓✓
44	✓✓
45	✓✓
46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
Final	9/30/01
Original	9/30/01
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓✓
58	✓
59	✓
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Claim	Date
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Original	
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If more than 150 claims or 10 actions
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